RECEIVED JUNK VEHICLES REPORT

K-174 REV. 8-20

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES



SPECIALIZED REGISTRY SERVICES

INSTRUCTIONS:

- 1. A list of all motor vehicles received must be submitted twice monthly to the Department of Motor Vehicles, per C.G.S. 14-67m(a). FIRST REPORT: Due by the 20th of each month to cover the first 15 days of the current month. SECOND REPORT: Due by the 5th of each month to cover the 16th through the last day of the previous month.
- 2. Surrendered CERTIFICATE OF TITLES must accompany this list. A Title vehicle must not be received unless the Title is surrendered with the vehicle.
- 3. A report is required for each reporting period even if no vehicles were received.
- Indicate the type of ownership document used by abbreviating the type of document received: T-Title, A-Aba Paper, B-Bill of Sale (pre 1970 Vehicles), H-H-109 Form, D-H-6B Lost or Duplicate Title.

TO: Department of Motor Vehicles, Specialized Registry Services, 60 State Street, Wethersfield, Connecticut 06161-10	TO:	Department of Motor	Vehicles, S	Specialized Registry	v Services, 60 S	State Street,	Wethersfield,	Connecticut 06161-1)22
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REPORTING PERIOD	Firs	t (1st) thru fifteenth (15th)	of: MONTH YEAR	Check (Ö) if no vehicles were ☐ received during this reporting
(Check one)	☐ Sixt	teenth (16th) thru last day o	of:	period.
	BUSINESS NAI	ME (As appears on Recycler's License)		LICENSE NUMBER
BUSINESS INFORMATION	BUSINESS ADI	DRESS		TELEPHONE NUMBER
MAKE OF VEHICLE	YEAR	ENGINE NUMBER (if any)	VEHICLE IDENTIFICATION NUM	BER OWNERSHIP DOCUMENT STATE

accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in

SIGNATURE OF AUTHORIZED OFFICIAL (Service Manager or Designee)	TITLE OF AUTHORIZED OFFICIAL	DATE SIGNED